

Advanced Diagnostic Procedures

We live in a world in which the demand for alternative medicine is at an all-time high, and doctors of chiropractic are leading the way. However, there are a few things that we can learn from traditional medicine. While I was becoming certified in manipulation under anesthesia (MUA) one of the instructors, an MD, said, "Medical doctors are in and out of the room, hardly touching the patient, if at all, yet they document paragraphs of notes per visit. Whereas, chiropractors spend much more time with patients, touching them; adjusting them; and then writing one or two lines per visit."

Chiropractic is a wonderful profession. We help people get well when nobody else can, yet we fail to document all of our successes. When patients come to our offices, we seemingly know what's wrong just by looking at them (PI on the right; AS on the left). We'll take an x-ray if we deem it necessary, or in an extreme case, order a blood test. (I'm sure there are many of you out there that are very thorough in assessing a patient's condition, but this is the perception I get while talking to many doctors.)

In a hospital setting, however, medical doctors are trained to test, test, and re-test the patient, then document and initial everything with the time and date it was done. What we need to do as chiropractors is combine our unique ability to fix the patient's neuro musculo skeletal problems, with great documentation to back it up.

As the president of an electroneuro-diagnostic (END) testing company, I have been asked to be a guest speaker on the subject for a number of different events. While speaking to other chiropractors, I got the feeling that most of them didn't get the big picture when it came to utilizing advanced diagnostic procedures in their offices. Quite honestly, with the old technology, I didn't utilize END testing very much, either. Most of the time, the information obtained from the test was clinically irrelevant, and I didn't want to subject my patients to a painful test.

The number one reason for any diagnostic procedure is to obtain the most accurate and proper diagnosis of the patient's condition, so that you can direct your treatment to the patient's specific problem. The second reason is proper documentation of the patient's injury. How many times do we get letters from insurance companies stating that our treatment wasn't "medically necessary" when we were the only doctors that have given the patients any relief?

The insurance companies are also much more likely to ask chiropractors for a patient's notes and records for review before payment can be made, because they know it will take us at least a month to get the records to them. This being the case, they keep their money in the bank longer, and it builds interest for them. If you have diagnostic studies done early and substantiate the patient's injury, then you'll be ready if and "when" the insurance company sends you a letter asking for a patient's records. Then you can utilize re-testing to prove and substantiate that your treatment plan was effective and therefore, necessary in the first place.

There have been some very exciting, "state-of-the-art" changes in advanced electro neurodiagnostic testing in the past few years that many doctors have yet to hear about. A new type of ongoing electroneurodiagnostic testing ideal for the chiropractic profession has been studied at various

research centers and teaching hospitals, such as Louisiana State University, Johns Hopkins University (JHU), UCI, and UCLA, to name a few. This new technology is based upon the concept of current perception threshold (CPT) testing, which was developed at JHU over 20 years ago.

The new technology is called "voltage-actuated sensory nerve conduction threshold (V-sNCT). The developers of V-sNCT modified the old style of CPT by changing the grounding technique and the waveform, which made the test much more accurate. In fact, V-sNCT is the only neurodiagnostic (ND) test that is 95.5 percent sensitive in detecting neural dysfunction.¹ The developers of V-sNCT were using the name Single Electrode Current Perception Threshold or (SE-CPT). However, recent studies revealed that the way the current affects the nerves, V-sNCT is a more accurate name for the test.

The V-sNCT test is not only a major medical breakthrough in the field of ND testing - it is also patient-friendly. The test is completely painless. Gone are the days of patients crying or being upset because they don't want to be stuck with needles. I don't understand how doctors could think that sticking needles into nerves could determine proper or abnormal neural function in the first place. (Didn't they ever hear about facilitation?) V-sNCT testing is a noninvasive electroneurodiagnostic test that stimulates the nerve membrane to cause depolarization at the nerve's threshold. Unlike NCV, SSEP, and EMG, the grounding technique and waveform of V-sNCT have made this test the most "state-of-the-art," accurate ND exam available.

As soon as the nerve's threshold is reached, the patient feels a slight electrical sensation. The patient responds by saying, "Now." Three exact readings are taken at each site. There is no averaging of threshold numbers. The data generated by V-sNCT are completely reproducible as opposed to NCV, SSEP, and EMGs, which produce many false negatives.

V-sNCT is also the only ND test that substantiates the presence of reflex sympathetic dystrophy (RSD). RSD needs to be treated quickly. However, it can go undiagnosed for quite some time before it is recognized. V-sNCT is also the only test that can accurately differentiate carpal tunnel syndrome and Guyon's canal syndrome, which are very common workers' compensation injuries. The fact that the human body cannot decipher between small differences in electrical currents, other than the actual threshold of the nerve's membrane, makes the method utilized by V-sNCT testing completely "malingering proof." The V-sNCT test is FDA, Medicare, and workers'-compensation-approved. In fact, the California Workers' Compensation Appeals Board case #69248 approves this type of testing for maintaining a baseline on a patient's condition.

Having a certificate in manipulation under anesthesia (MUA), I rely heavily on advanced diagnostic procedures to get approval for this life-changing procedure. To perform MUA, we find it necessary to perform an MRI to show the structural component, as well as electro-neurodiagnostic findings to show the functional component of the patient's injury. V-sNCT combined with MRI findings gives us a clear picture of the abnormal structure and function of the patient's injury.

Substantiating that the injury is both structural and functional in nature helps us prove and validate that what we do as doctors of chiropractic is the most efficacious form of treatment for these types of injuries. You can't fix a structural problem with a chemical cure. Sure - you might be able to mask the symptoms for a while - but fix the problem: I don't think so!

With more patients turning toward the chiropractic profession as a first approach to their health care needs every year, I feel it is our job to step up to the challenge by utilizing the most "state-of-the-art" diagnostic procedures available. Our patients already think we're the best. It's our job to prove to them that we are the best. Be the doctor you were meant to be. Utilize advanced diagnostic procedures.

Reference

1. *Regional Anesthesia and Pain Medicine*, Vol. 24 No. 3 May-June 1999.

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JULY 2001